


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # R00000097495</b> 1. Entity Name HELMY INVESTMENTS GROUP, INC.	
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Principal Place of Business 1257 ALAPALA LANE ORLANDO, FL 32828	Mailing Address PO BOX 780636 ORLANDO, FL 32878-0636
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02072006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3679212</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  HELMY, MOHAMED S. 11215 SPINNING REEL CIRCLE PO BOX 780636 ORLANDO, FL 32825
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DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HELMY, MOHAMED S
STREET ADDRESS	11215 SPINNING REEL CIRCLE
CITY- ST- ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE  
IN THIS SPACE

1100000452958  
03/13/06-80017-007-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       02/29/08      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #